	Standard	Guidance	QA Result & Notes
	Behavior Support Provider: Consumer for BSP: Local Provider Agency: QA Reviewer:	Provider #: Implementation Date: Service Coordinator: Date of on On-Site Review:	
1	Behavior Support Services may only be provided by those who have met and continue to meet specified criteria as indicated by approval as a provider of Behavior Support Services under the Medicaid waiver.	The individual provider's name is on the current DDSN list of approved providers of Behavior Support Services. This is administratively reviewed. *100 or 0 points*	
2	Providers of Behavior Support Services must satisfy specified continuing education requirements.	Evidence of sufficient CEU's (i.e., minimum of 20 during the 2-year approval period) approved by the Behavior Analyst Certification Board has been provided. This is administratively reviewed. *100 or 0 points.*	
3	As part of the foundation for behavior support plan development, indirect assessment must be conducted by the provider that includes: a) Record review of DDSN Support Plan and, if they exist, existing behavior support plan and supervision plan. b) Interview using the Functional Assessment Interview Form (O'Neill, et al., 1997) or another empirically validated functional assessment instrument - such as the QABF (Questions About Behavioral Function, Matson & Vollmer, 1995) - with two or more people who spend the most time with the consumer (can include the consumer). Must be completed within 30 days of referral/authorization and include (or be supplemented by additional assessment documentation which includes) the following: 1. Description of problem behavior 2. Listing of ecological and setting events that predict the occurrence and/or non-occurrence of	Written information in the BSP and/or assessment file indicates that each component of the assessment was conducted. a) Does the Support Plan reflect the need for behavior support services? *15 points* b) A completed Functional Assessment Interview form or other empirically validated functional assessment instrument (and, if necessary, supplemental assessment documentation) containing the 10 items in 3-b must be in the file. If the QABF (or other empirically validated functional assessment interview tool) is used there must be information provided in the assessment results (via a note) that specifies where in the behavior support file information on each component of 3b (1 – 10) is located. *50 points (5 points each for b 1 – 10)*	

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	the behavior 3. Listing of possible antecedents that predict the occurrence and/or non-occurrence of the behavior 4. Listing of possible consequences (access, escape/avoid, automatic) that maintain the problem behavior 5. Record of information on the efficiency of the problem behavior 6. List of functional alternatives the person currently demonstrates 7. Description of the person's communication skills 8. Description of what to do and what to avoid in teaching 9. Listing of what the person likes (potential reinforcers) 10. Listing of the history of the problem behavior(s), previous interventions, and effectiveness of those efforts c) Development of summary statements based on the *Functional Assessment Interview* (contains information on setting events, antecedents, problem behavior, and consequences)	c) These must be specified in the functional assessment document and kept in the file. *35 points. Setting events = 5 points; Antecedents = 10 points, Behavior = 10 points, Consequences = 10 points* See Appendix B.	
4	Direct Assessment must be conducted by the provider to verify the indirect assessment information. This includes: Observational data collection forms and/or observational summaries that represent <u>two or more sessions</u> using A-B-C recording in direct observation for a minimum of: (1) <u>3 or more total hours or (2) 20</u>	A summary must be included in the functional assessment (document) that includes the relative frequency of specific antecedents and consequences for individual problem behaviors. This can be either a table or narrative format. *50 points* The functional assessment is a document that can be separate from the BSP (conclusions referenced in the BSP) or included	

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	occurrences of the target behavior(s). If no problem behavior is observed, observational information must be summarized to describe contexts that support the non-occurrence of target behavior. If observational data do not verify the indirect assessment information, then the summary statements must be revised to correspond to the direct assessment data.	in the BSP. In either case, the entire functional assessment document must be available for review. Standards 3 and 4 constitute the required content of the functional assessment document. If during the provider's observations no target behaviors are observed, the provider must either include summarized A-B-C data from staff observations or conduct additional observations that do include occurrences of the target behavior(s). *50 points*	
5	Behavior Support Plans must contain: a) Description of the consumer: 1) Name, age, gender, residential setting, 2) Diagnoses (medical and psychiatric), 3) Intellectual and adaptive functioning, 4) Medications (medical and psychiatric), 5) Health concerns, 6) Mobility status, 7) Communication skills, 8) Daily living skills, 9) Typical activities and environments, 10) Supervision levels, 11) Preferred activities, items, and people, and 12) Non-preferred activities, items, and people. b) Locations where BSP will be implemented and identification of program implementers. c) Description of Problem Behaviors and Replacement Behaviors are defined in terms that are observable, measurable, and on which two independent observers can agree.	a) The BSP should include brief, specific descriptions of each item and how they relate, or don't relate, to issues of behavior support. *6 points (1/2 point each)* b) Specified in BSP *6 points* c) Definitions of problem behaviors and replacement behaviors meet criteria as shown in Appendix C. *15 points*	

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	d) Summary of direct assessment results.	d) Summary statements per problem behavior based on A-B-C data must be included in the BSP. These statements provide the hypotheses about the context and/or maintaining function of the behavior. They include the likely antecedent, behavior, and consequence information. *15 points* See example in Appendix B. Reliability coefficients (while not required) would be appropriate here.	
	e) Objectives for each problem behavior, including: 1) Person's name, 2) Measurable and observable way to describe behavior, 3) Conditions under which the behavior occurs or should occur, and 4) Criteria for completion (performance and time).	e) See examples in Appendix D *10 points*	
	f) Competing Behavior Model for each class of problem behavior that includes function of problem behavior and replacement behavior based on direct assessment	f) See Appendix E (Competing Behavior Model, adapted from O'Neill, et al, p. 82) *10 points*	
	g) Objectives for each replacement behavior, including: 1) Consumer's name, 2) Measurable and observable way to describe behavior, 3) Conditions under which the behavior occurs or should occur, and 4) Criteria for completion (performance and time).	g) See examples in Appendix D *20 points*	
	h) Support Procedures 1) Setting Event/Antecedent Strategies	1) Antecedents identified in the assessment must be addressed in the intervention (e.g., changing a difficult task). *3 points*	

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	2) Teaching Strategies	2) Teaching strategies must be consistent with behavioral principles and teach desired/replacement behaviors (e.g., teaching a response to ask for help). *3 points*	
	3) Consequence Strategies	3) Reinforcement procedures to increase/maintain appropriate behavior must be included (can be in teaching procedures). Withholding reinforcement for problem behavior may also be specified. *3 points*	
	4) Crisis Management Strategies	4) Crisis management strategies must include strategies to ensure the safety of the consumer and others. This should include techniques from a competency-based curriculum to prevent and respond to dangerous behavior (e.g., MANDT, PCM, etc.) if such behaviors are exhibited by the consumer. *3 points*	
	5) Data Recording Method	5) The data recording method must describe where, when, how and how often behavioral data are to be collected. Must also include: occurrence of problem behavior, occurrence of replacement behavior, and the data recording method (i.e., frequency, duration, latency, or percent of trials). *3 points*	
	6) Data Collection Forms	6) The data collection forms must include: consumer name, date(s) of data collection, location of data collection, operational definition for the problem behavior and the replacement behavior, instructions for data collection, an organized format to collect numerical data, and signature or initials of Direct Support Professionals (DSPs)/caregivers who collect data. *3 points*	
6	Behavior Support Plan Implementation a) DSP(s)/caregivers responsible for implementing a BSP must be fully trained to: 1)	a) No guidance needed. *10 points*	

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	collect behavioral data (see standard #5-h-5 & 6), and 2) implement the BSP procedures b) Procedures for training DSP(s)/caregivers on implementation must include: 1) written and verbal instruction, 2) modeling, 3) rehearsal, and 4) trainer feedback. c) Documentation of DSP(s)/caregiver training must accompany the plan and must include: 1) consumer name, 2) date of initial training, 3) date of additional DSP(s)/caregivers training,, 4) names and signatures of DSP(s)/caregivers trained, and 5) name of trainer and/or authorized secondary trainer. d) Fidelity procedures completed by the Behavior Support provider must occur quarterly and must document <u>direct observation of DSP(s) and/or caregiver(s) implementing procedures according to the plan.</u> Documentation must include: 1) consumer name, 2) name(s) of DSP(s)/caregiver(s) being observed, 3) date, location and time (including duration) of observation, 4) description of procedures observed, 5) directions and/or description for scoring DSP/caregiver performance, 6) signature of observed caregiver(s), and 7) signature of the observer.	b) Procedures for training DSP(s) and/or caregivers must be documented in either the BSP, training materials, or training documentation. *30 points* c) Documentation of DSP/caregiver training must be present to indicate training prior to the effective date / implementation date of any addendum/amendment to the BSP. Documentation must specify: 1) training on observation and behavioral data collection system and on treatment procedures, and 2) retraining on 1if needed. See sample in Appendix F. *Note: N/A with explanation can be acceptable* *30 points* d) If opportunities to observe (a) antecedent, teaching, or consequence strategies for acceptable behavior, (b) response strategies to problem behavior, or (c) both are infrequent or not observed during a fidelity check, it would be sufficient to observe the DSP(s)/caregiver(s) practicing the BSP procedures by role-play with the Behavior Support provider acting the part of the consumer. *Note: If N/A then explanation is needed* If the BSP addresses more than one setting (e.g., Day Program, Home, etc.), then the fidelity check should, on a rotating basis, be conducted in each setting addressed by the plan. *30 points* See sample sheet in Appendix G.	
7	Progress monitoring must occur at least monthly and	Monitoring is reflected in the monthly progress note.	

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	rely on progress summary notes that include: a) Graphs that are legible and contain: 1) Title related to behavior measured, 2) X- and Y-axis that are scaled and labeled 3) Labeled gridlines 4) Consecutive and connected data points, 5) Legend for data points (when more than one type is used), and 6) Phase lines and labels for changes (i.e., programmatic, environmental, medical, and/or medication changes) b) Visual analysis that includes description of the level, trend, and variability of each behavior along with discussion related to programmatic, environmental, medical, and/or medication changes c) Future (planned) implementation must be described and include any barriers that need to be addressed (e.g., inaccurate implementation, incomplete data collection, etc.), and any changes that need to be made to the procedures based on lack of progress or deteriorating performance, and d) If fidelity procedures (see standard #6-d) reveal that the BSP is being properly implemented and data properly collected, yet no progress is observed for the problem behavior, replacement behavior, or desired behavior for 3 consecutive months, then a meeting with the DSP(s)/caregiver(s), Behavior Support provider, and others on the support team as	a) Graph must be in the file and contain elements in 7a). *42 points 7 points each for 7a 1 - 6* See sample black & white copy compatible graph in Appendix H. A color graph is acceptable as long as the provider makes color copies available to all members of the support team. b) The progress note should describe these items related to the desired outcome in the objective. *35 points total. 20 points for description of visual analysis; 15 points for discussion/interpretation* c) The progress note should describe these items related to the desired outcome in the objective. If this is not applicable to the case reviewed then "N/A" with explanation is sufficient. *10 points* d) This would be documented by a dated, titled meeting sign-in sheet identifying the consumer, the reason(s) for lack of progress, and the revisions to BSP procedures that are to be implemented and DSP(s)/caregiver(s) to be trained for the revision, or justification for no revision. If this is not applicable to the case reviewed then "N/A" with explanation is sufficient. *13 points*	

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	appropriate must be conducted to revisit the Functional Assessment and its summary and to determine the benefits of revisiting, modifying or augmenting BSP procedures or enhancing DSP/caregiver training.	Signature sheets must be in the file. Note: If the fidelity procedures reveal that the BSP is not being properly implemented or data are not being properly collected, then re-training of the DSP(s)/caregiver(s) is sufficient, and no team meetings or plan modifications are required.	